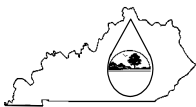


Form ND	No Discharge Operational Permit for Closed Loop and Spray Irrigation Systems Permit Application		 Division of Water
NAME OF FACILITY:		AGENCY USE ONLY	
PERMIT NO.:		COUNTY:	
This is an application to: (check one) <input type="checkbox"/> Apply for a new permit. <input type="checkbox"/> Apply for reissuance of expiring permit. <input type="checkbox"/> Modify an existing permit. (Give reason for modification under Item II)			
I. FACILITY AND CONTACT INFORMATION			
Name of business, municipality, company, etc. requesting permit:			
Primary Mailing Name:			
Primary Mailing Address (Street):			
Primary Mailing Address (City, State, Zip)			
Contact Name and Telephone Number:			
Contact Email Address:			
II. FACILITY DESCRIPTION			
Provide a brief description of activities, products, etc.:			
Principal SIC Code and description:			
Other SIC Codes:			
Reason for modifying existing permit:			
III. FACILITY LOCATION			
Facility Location (street, road, highway, etc.):			
Facility City, State, Zip Code:			
Facility Site Latitude (Decimal Degrees):			
Facility Site Longitude (Decimal Degrees):			
Attach a site location map with the facility clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features within an area of at least 1 mile beyond the property boundaries.			
IV. OPERATOR INFORMATION			
Name of Treatment Plant Operator:		Telephone Number:	
Operator Mailing Address:			
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the operator certified? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list certification class and number below.	

Certification Class:		Certification Number:		
Operator Email Address:				
V. EXISTING ENVIRONMENTAL PERMITS				
Kentucky DOW Operational Permit Number:		Issue Date of Current Permit:		
Expiration Date of Current Permit:		Date of Original Permit Issuance:		
Other Environmental Permits (list):				
VI. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (See instructions)				
Operation(s) Contributing Flow (list)	Wastewater Type	Avg Flow (units)	Design Flow (units)	Treatment Description
VII. GIVE THE BASIS OF DESIGN FOR SIZING OF THE WASTEWATER FACILITY (See instructions)				
VIII. DESTINATION OF WASTEWATER (Check one below and complete information)				
<input type="checkbox"/> If land application is used, complete the following.				
Owner of Property:				
Total number of acres available for land application:				
<input type="checkbox"/> If subsurface injection is used, check one of the following and identify location on map.				
<input type="checkbox"/> Lateral field				
<input type="checkbox"/> Deep Well				
<input type="checkbox"/> If destination is other than land, check one of the following.				
<input type="checkbox"/> Holding Tank				
<input type="checkbox"/> Mechanical Evaporation				
<input type="checkbox"/> Waste Impoundment				
<input type="checkbox"/> Evapotranspiration				
<input type="checkbox"/> Other (specify):				

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE:

SIGNATURE:

DATE:

TELEPHONE NO.

EMAIL:

Return completed application form and attachments to:

Division of Water

Surface Water Permits Branch

300 Sower Boulevard, 3rd Floor

Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.